



# The Cornwall Independent School (UK) Ltd

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## ADMINISTERING MEDICATION - CONSENT FORM

*If your son or daughter requires medication during the school day please download and complete this form. Once complete please take it to the office with the medication, so we can administer it at the appropriate point. Hard copies of this form are available in the office if you would prefer.*

### Personal Details:

Child's name: \_\_\_\_\_

Class: \_\_\_\_\_

### Medication:

Name of medication: \_\_\_\_\_

When was the last time  
this medication was  
administered: \_\_\_\_\_

Amount to be given: \_\_\_\_\_

Times to be given: \_\_\_\_\_

Date: \_\_\_\_\_

**Any other information you think is relevant:  
(E.g. reasons for the medication)**

**Signed (Person with parental responsibility)** \_\_\_\_\_

*The Cornwall Independent School (UK) Ltd is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. It is our aim that all pupils fulfil their potential.*

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